

Children and Youth Christmas Gift Program Form 2

District # _____

Date: _____

REIMBURSEMENT Number: _____

If purchased by District Chairman: This form is to be completed and the store receipts attached.

If purchased by the Institution: A letter of receipt must be sent by the facility on letterhead with receipts attached. Letter should state the amount of the check and to whom the check should be made payable.

Institution Name: _____

Address: _____

Make Check Payable to: _____

Address: _____

Amount of Check: _____

Mail Check to: _____

Address: _____

All Forms must to be sent by January 7, 2017 to:

Linda Fagan
1141 Anne Court
Sleepy Hollow, IL 60118
LFagan74@gmail.com

Note: You **will not** be reimbursed if Form 1 was not received by the October deadline, or if you have not included your receipts.